



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Nakasone	Kenneth	Michael	808-539-8700
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2600			808-539-8799
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Kobayashi, Sugita & Goda			808-539-8700
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2600			808-539-8799
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Home & Community Services of Hawaii, Inc.			808-454-0511
MAILING ADDRESS (Street)			FAX
2827 Waimano Home Road, First Floor			808-454-0512
(City)	(State)	(Zip Code)	
Pearl City	Hawaii	96782	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Maria Etrata			808-454-0511
MAILING ADDRESS (Street)			FAX
2827 Waimano Home Road, First Floor			808-454-0512
(City)	(State)	(Zip Code)	
Pearl City	Hawaii	96782	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
\_\_\_\_\_  
(Signature of Lobbyist)

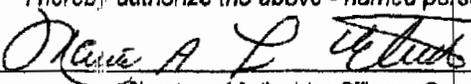
5/1/06  
\_\_\_\_\_  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Maria Etrata		Secretary, Treasurer, and Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Home & Community Services of Hawaii, Inc.		808-454-0511	
MAILING ADDRESS (Street)		FAX	
2827 Waimano Home Road, First Floor		808-454-0512	
(City)	(State)	(Zip Code)	
Pearl City	Hawaii	96782	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
_____ (Signature of Authorizing Officer or Person Represented)		_____ (Date)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
_____	_____
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME Maria Estrada	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Secretary, Treasurer, and Director	
NAME OF ORGANIZATION (if applicable) Home & Community Services of Hawaii, Inc.	TELEPHONE 808-454-0511	
MAILING ADDRESS (Street) 2827 Waimano Home Road, First Floor	FAX 808-454-0512	
(City) Pearl City	(State) Hawaii	(Zip Code) 96782
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		<u>4/30/2006</u>
(Signature of Authorizing Officer or Person Represented)		(Date)